

TO: NEHA Affiliate Presidents
FROM: Nelson E. Fabian, NEHA Executive Director
SUBJECT: Your Participation in an AEC Focus Group
DATE: June 7, 2002

1. Introduction:

For almost 10 years now, NEHA has maintained a special tradition of affiliate president focus groups at its annual conference. These focus groups are conducted for the purpose of exploring an issue of significant concern to the national association and the profession it represents.

Though NEHA works hard to represent the interests of the environmental health profession, the fact remains that it is sometimes hard to truly appreciate from a national perspective what individual practitioners feel and think as they practice their profession day in and day out. Accordingly, NEHA uses a number of devices as a way for staying in touch with what is happening to our profession at the grass roots. One of these devices is the tradition of our AEC focus groups.

As the president of your affiliate, you are in a unique position to both understand and represent the values and perspectives that characterize our profession in your particular part of the country. We ask that you talk from those values and perspectives as you participate in our focus groups and speak to our focus group question.

In advance, thank you for your participation in these focus groups. Your thoughts, opinions, viewpoints, etc. are extremely important to us.

2. Focus Group Issue Discussion

This year we're asking our focus groups to all concentrate on an issue that has stirred considerable controversy within our ranks for years. ***We're asking our focus groups to comment on the issue of what we should call ourselves.***

Today we go by so many names that some worry that we are losing our grip on our very identity. After all, the name we use to call ourselves has a great deal to do with how we are perceived – which is a matter of identity. If our profession goes by a variety of different titles, it becomes difficult to appreciate that we are a single professional workforce with a specific purpose, a specific body of knowledge that we practice and a specific scope of work.

Still others lament that we remain un-unified and therefore weak by virtue of not having a single title or professional name. In a time when we are fighting to retain our jobs, our credentials, and what public support and recognition we have, we need the strength that only a unified profession can offer. Only then can we meet these challenges and create the conditions that will enable our profession to prosper in the future.

These are serious considerations with serious implications. Recognizing this, the national association is taking a step back to reflect on what if anything NEHA should do. Your opinion and the collective views of our focus groups will play a huge role in determining the actions that NEHA will take as we move to exercise the leadership expected of us on this topic.

Turning then to the matter at hand -

Over the last couple of years, the NEHA Board of Directors has begun to concern itself with the title that we ascribe to professionals in this field. More recently, our board's discussions of this issue have become longer, more intense and more considered. What has been particularly interesting is that our board has begun to seriously reflect on how our profession (and its image) is impacted by not having a uniform title.

In addition to the issue of having (or not having) a uniform name, our board has also focused on how certain names or titles either advance or hinder our goal of achieving a higher regard for this line of work.

In fact, how we can use the power and connotation of a name to obtain greater recognition and public respect is one of the motives driving this discussion and exercise.

For years, NEHA has heard from practitioners of environmental health that more must be done to increase the public's respect for our work and profession. An underlying premise behind this exercise is that there is a connection between what we call ourselves and the level of public support and respect that is accorded to us. Assuming this to be the case, coming up with a more appropriate and impressive name/title will presumably help us in achieving our overarching goal – which is to advance our profession and its many practitioners. Advancing our people and their profession goes to the heart of NEHA's mission.

Our situation is no different than ones that have been dealt with by other professions. Stewardesses changed their name to flight attendants. Insurance salespeople became financial planners. Home economics teachers transformed into family and consumer sciences education teachers. Refuse collectors changed to sanitation workers.

In my own profession, executive secretaries changed to executive directors.

And so on.

In all of these instances, a name change was initiated for the purpose of achieving greater clarity and respect for the professions involved.

Polls of our own people reveal that we believe that less than 50% of the public even knows what environmental health is. If less than 50% of the public knows what environmental health even is, then clearly, fewer than 50% of the public would have any idea as to what an environmental health professional is.

How are we going to gain respect when more than 50% of the public we serve haven't a clue as to who we are?

Our challenge of gaining respect is difficult enough because our work is largely invisible. What these numbers confirm is that we are just as invisible as our work is. Little wonder that we get so little respect.

If we go back in time, what we will see is that the issue of a name change isn't a new proposition for this profession. In fact, we went through this very exercise some sixty years ago, i.e. around the time that NEHA was formed.

In the early 1900s, our profession was largely viewed in terms of a policing activity. Those employed in "environmental health" were empowered to give tickets when unsightly, unsanitary conditions were identified. There was not a lot of science behind our work. Most of it was done strictly through the tool of observation.

When unsanitary conditions were identified, our people would use their police power to prompt corrective action to take place.

As the germ theory of disease took root and gained acceptance and as we began to better understand through the tools of science, what the eye could not see, people working in environmental health began to employ the skills of analysis, prediction, intervention and problem resolution (to name a few). In other words, rather than dealing with a situation simply because it looked unacceptable, we began to deal with situations because we knew from the skills and knowledge we were gaining that certain conditions represented a *potential* for a disease and/or a threat to human health.

In addition, we also were also learning that if we could keep germ populations down, we would successfully reduce the potential for disease. This notion of prevention – which continues to this day to represent the heart of what we do – was expressed during that era in the concept of sanitation and sanitary conditions. What was attractive about this term is that it explained rather clearly to the publics we served what it was that we did.

It also presented us in a positive light as our noble work could be seen in terms of minimizing germ threats to human health.

Farsighted pioneers in our profession recognized the relevance and popularity of the term sanitation and began a push to link our work and our profession with such terminology.

This amounted to moving away from the term inspector – which had previously been our nameplate.

Since we worked on behalf of establishing sanitary conditions and since we desired to become more associated with the scientific understandings of sanitary measures, our profession moved toward and ultimately adopted the title of sanitarian. With this new title, we were now clearly perceived as being much more than simply police officers or inspectors. In changing our name, we evidenced that we were a much more specialized, scientific and specially trained field. And so the term “Sanitarian” came into common use for years to come.

NEHA itself came into existence in 1937 as the National Association of Sanitarians.

By the 1950s, and with air pollution problems developing in places like London, England and Donora, Pennsylvania, it was beginning to become apparent that there was much more to ill health than germs. Many in environmental health regard the 1962 publication of Rachel Carson’s seminal book, *Silent Spring*, as the watershed event in demonstrating that toxic chemicals in our environment had as much to do with health as germs. In the minds of many, the idea of a healthful environment evolved to the point where now, by the 1960s, our mindset was that public and environmental health embraced any threat to human health, be it biological, chemical or even (in the minds of some) lifestyle. In recognition of this broader agenda, on January 1, 1970, the National Association of Sanitarians officially changed its name to the National Environmental Health Association.

Our name change was executed for the same reasons that led to the original development of the term sanitarian. We wanted to gain greater respect and support for our profession and our professional society. We also wanted to have a more contemporary and relevant representation of what NEHA stood for. In short, we wanted our publics to better appreciate who and what we were.

Despite the fact that NEHA changed its name (as did many of the state associations that were affiliated with NEHA) it retained the term “registered sanitarian” for its national environmental health credential. As such, the association operated for almost 20 years with the title “Environmental Health Association” but with the designation “Registered Sanitarian” for its premier environmental health credential.

By the mid 1980s and with Love Canal and Times Beach highlighting how the issue of hazardous waste had captivated the interests of both the public and the profession, the debate about the title to be given to our premier environmental health credential had become quite strong. Across the country, various state programs began to change their credential title away from sanitarian. NEHA, in turn, took on the task of re-examining what it wished to call those individuals who attained the national environmental health credential.

At the AEC that NEHA held in Cleveland in 1988, the association resolved the issue with a decision that continues to remain in effect today. In an act meant to respect the strong feelings held by the two camps who respectively supported the terms sanitarian and environmental health specialist, the association decided to honor both. In essence, NEHA made the policy decision to officially refer to its premier environmental health credential as the “Registered Environmental Health Specialist/Registered Sanitarian” credential. Moreover, as individuals applied for the credential, NEHA would extend the option to such people to have the title of their preference printed on their certificate. Accordingly, if somebody wished to have the term “registered sanitarian” displayed on their certificate, then NEHA would print their certificate with that term on it. Similarly, if an individual who passed the exam preferred to have the title “registered environmental health specialist” on their certificate, then NEHA would comply with that person’s wishes as well.

For the most part, this compromise policy solution has worked pretty well as best NEHA can tell. In fact, many states have adopted terminology identical to NEHA’s as they too now call their credentialed professionals “REHS/RS”.

Though the issue of our title quieted down since our compromise policy action, there are telling indications that the controversy is resurfacing. The importance of our name and what it conveys about those who practice in environmental health is being questioned as we face new rounds of cutbacks in our workforce, the replacement of trained eh professionals with cheaper and less competent labor, the termination (or threat of termination) of various state credentialing programs and the narrowing of our field of practice.

And then there is the matter of September 11th.

As states and communities mobilize with unprecedented funding support to develop terrorism response plans, it is incredulous that more often than not, environmental health sits on the outside looking in. What makes this situation even more unforgivable is that environmental health is about as well suited as a field could be for dealing with many of the public health implications that can be expected from a terrorism incident.

While there may be many explanations for this situation, clearly our standing plays a role. To whatever extent our name fails to convey who and what we are, we are missing out on a remarkable opportunity to make a contribution that is consistent with our abilities and training. As we continue to struggle with the challenge of acquiring a meaningful role in terrorism response, the whole notion that our name speaks volumes about who and what we are is taking on added significance.

Perhaps for the first time since the early part of the twentieth century, we are ready to again come to terms with what our title implies and how public perceptions of the name we use affects how we are seen and regarded.

When NEHA made the decision to offer the dual title of REHS/RS, both terms had a generally favorable perception – at least within the ranks of our profession.

For those who passionately believed in the term sanitarian, there were many references to the heroes of our past and to the vital work that sanitarians have performed over the years. Moreover, those who favored this term insisted that the term wasn't outdated at all. Rather, they argued that the problem was that not enough people knew what a sanitarian was. Accordingly, the answer was that NEHA should mount a major public relations effort to teach the public about all that a sanitarian did.

In addition, proponents of the title sanitarian emphasized that within the “establishment,” many people and even those who worked in non-traditional areas such as environmental protection, had some sense for what a sanitarian was. As such, those who favored the term sanitarian worried about losing the name recognition that we had worked hard to achieve with our professional colleagues should the term sanitarian be changed.

In addition, a number of agencies and organizations like the public health service both knew and respected what sanitarians were. In addition, such agencies and organizations had built infrastructure using this term. The USPHS for one also had a long and proud history that featured many sanitarians. Any effort to change a name that had been highly regarded for over 100 years in that institution was therefore and understandably looked at with reservation.

Proponents of sanitarian were also quick to point out that this term was embedded in many state laws and regulations. As such, if NEHA changed the name, the standing that sanitarians had could be threatened as the profession could lose some of the legislative and/or regulatory authority that it had by virtue of specific references featured in both laws and regulations.

On the other side of the coin, there were even more voices who were encouraging NEHA to go with the term “registered environmental health specialist.” People who supported this name also had many reasons for their position.

One popular argument was that the term sanitarian and its root word sanitary conveyed that the profession was biologically based and defined. Given that environmental health had evolved to where both biological and non-biological concerns were now of importance to this professional practice, any name that implied that we were primarily if not exclusively oriented toward only biological threats to health was seen as entirely inappropriate, if not misleading.

This camp also complained that the term sanitary had lost its meaning and stature as society moved on from the sanitary era. In fact, people partial to environmental health specialist were quick to point out that by the late 1900's, the term sanitary was being used in hilarious ways. An often-cited example was how refuse collectors and janitors were going by the terminology of “sanitary engineers”.

In short, considerable concern was expressed that at best “sanitary” had lost its punch and was becoming obsolete with modern day society. At worst, sanitary was seen as a derogatory word that brought ridicule to the profession.

It was also interesting though hardly surprising that those who favored the environmental health specialist term tended to be younger professionals while those who favored the sanitarian term tended to be older professionals. As such, those who supported the terminology of environmental health specialist argued that the name change was merely a changing of the guard. For NEHA to be in step with the times, these people pointed out that it was crucial that we adopt a title that was more in tune with contemporary ideas, values, mindsets and ... vocabularies.

Another objection raised against the name sanitarian was that usage of the term was largely limited to government. In the private sector, where many practice environmental health, the job classification of sanitarian is seldom found. As such, by retaining this name, NEHA was excluding from its representations, the thousands of professionals who performed environmental health work in the private sector. Accordingly, NEHA was not representing the entire profession – as it claimed it was.

It should also be noted that the people who favored the environmental health specialist term objected to the idea of launching a big PR drive to educate people about sanitarians. They argued that given society’s negative orientation toward “sanitary”, it would take a ridiculously huge investment (and an investment that NEHA could not afford) to try to change people’s ideas about sanitarians. Moreover, even with a large investment, the success of such a project was problematic.

The conclusion advanced by this camp was that it was far easier to change the title of our profession by changing to more contemporary words than it was to try to gain public support for a term that was anachronistic and virtually unsalvageable.

As the years have gone by since the NEHA policy decision in Cleveland, it has become apparent that even these two titles, despite the impressive arguments for each, still feature major flaws. Many of the criticisms of the term sanitarian continue, just as those who favored the term environmental health specialist have argued. On the other hand, there have also been many criticisms of the term environmental health specialist, some of which can be summarized as follows:

For one thing, most people who practice in environmental health have been trained across the breadth of this large and complex field. In addition, many of our practitioners find that they must cover a wide range of topics in the course of carrying out their work. As such, to suggest that we are specialists when, in fact, we tend to be more generalists, is a contradiction in terms. If amongst ourselves we cannot do any better than to accept a title that is internally contradictory, imagine how difficult it becomes to convey to the public through our title who and what we are!

In addition, the term “specialist” tends to imply that such a person has a limited range of knowledge and, is therefore, lower on the totem pole than others in the profession.

There has also been criticism over the term registered (whether used in connection with sanitarian or environmental health specialist). In the world of credentialing, there is a huge difference between someone who is certified and someone who is registered. The term certified indicates that an individual has both taken and passed an examination. The passing of an exam, in turn, signifies that the individual has met the standards that a profession has set for the competent practice of their profession.

The term registered, on the other hand, usually means that a person is simply “listed” (or registered) on some kind of a register. Usually, such a listing involves nothing more than submitting some paperwork to indicate that they work in a particular field of practice. In other words, there is no implication involved that indicates that such a person has met any type of criteria (such as the passing of an examination) indicative of a certain level of competence.

Beyond the criticisms we hear about the two titles we use, it is fascinating to account for how many different names are used for environmental health professionals.

As we look around the world at the two countries that are arguably closest to us in terms of culture, professional backgrounds and so forth, we not surprisingly find titles that are different from ours. In Canada, people who practice environmental health are generally referred to as public health inspectors. In England, people who practice and who get certified for working in environmental health are called environmental health officers. As such, between the United States and these two countries, we have three very different names or titles for who we are.

Even within the United States, as we look from state to state, we find a myriad of different names and titles. Depending upon the state, all of the different titles cited below are today being used:

- Registered sanitarian
- Registered environmental health specialist
- Registered environmental health specialist/registered sanitarian
- Licensed environmental health practitioner
- Registered environmental sanitarian
- Registered environmental health professional
- Environmental health practitioner
- Environmental specialist
- Professional sanitarian
- Environmental health scientist.

While the majority of titles use either registered sanitarian or the dual title registered environmental health specialist/registered sanitarian, the fact remains that even within our own ranks in this country, we go by many different names and titles. Moreover, the

connotations for each can produce very different ideas in the minds of those hearing them. For example, there are profound differences between how the terms “scientist” and “specialist” are perceived. Similarly, there are major differences in perceptions between “sanitarians” and “environmental health practitioners”. In fact, a practitioner as used in the title “nurse practitioner” often suggests a minimum level of training. On the other hand, when the term “scientist” is heard, one usually thinks of high levels of education and a job emphasis that centers more on research than application. And sanitarian usually evokes thoughts of sanitation and biological concerns. And what exactly does “professional” mean when used in connection with environmental health?

One can quickly see that depending on the title that is used, an almost countless number of vastly different interpretations develop for the very same person and line of work.

Our profession has traveled a storied road since our inception. We have had our highs and our lows. The creation of the EPA and following that the creation of EPA type agencies in many states shook up our foundation as perhaps no other event. In fact, many within our ranks would argue that we have still not recovered some 30 years later from this major event during which environmental programs were taken out of public health agencies and transplanted into agencies with more of an engineering, command and control and legal orientation to them.

In the aftermath of this major change in our approach to environmental issues, our pay scales and our opportunities to participate in social/political/environmental policymaking have eroded. Agencies employing environmental health people are having difficult times hanging on to their good and talented professionals. Similarly, they’re having difficult times attracting the best and the brightest from college to enter this field.

NEHA has learned through previous focus groups that there seems to exist within our ranks something akin to a culture of indifference. In other words, this does not seem to be the most motivated profession in the world.

We are witnessing initiatives sometimes led by the very people who employ us to undercut our profession. For example, there are efforts underway by our employers to eliminate our credentialing programs and/or hire less qualified people to perform the special work that we have been trained to do.

Enrollment in traditional environmental health degree programs in colleges and universities is significantly declining. The Environmental Health Accreditation Council is reporting declines of upwards of 30%!

All of these factors combine to argue that especially in a post 9/11 time period, the time to take action steps to generate a heightened regard and respect for our work is now. In fact, particularly in the post September 11 period, there is likely never to be another opportunity like this where we can emerge and demonstrate our values to the publics that we serve.

With all of this as background, the NEHA Board of Directors has moved into some very serious discussions concerning the issue of what it is that we call ourselves. As noted earlier, we are slowing our thinking down so that we can more fully assess what the implications to these titles are and how a name title affects public perceptions of us. If, indeed, the time has come for us to take another step in our evolution and move beyond the existing title that we attribute to ourselves of REHS/RS, then the time has come and we need to do just that. However, before the national association takes such a bold step, we seek to have the significant input of leaders at the local level – which means you.

3. Charge to Focus Groups

The charge to our focus groups this year is to have you discuss among your colleagues this issue of what is the most appropriate title that we should use for our profession. Please, as you consider this issue, it would be helpful if you address the following points:

1. How are the current titles that are being used in this profession perceived by:
 - A. The profession itself
 - B. The publics you serve (your employer, your governing body, and the public at large)
2. What thoughts and concepts should a name or title (in environmental health) conjure up in the people who hear it? (In other words, what do you want people to think about you and the environmental health profession when they hear your title?)
3. Given the perception that you want to see (that is, the answer to number 2), what titles would you recommend that the NEHA Board of Directors seriously consider?

As always, thank you for your contribution to this effort. This is a very serious issue that involves strong feelings on the different sides of the fences that various members of our profession stand behind. We are trying to be as sensitive and respectful of everyone's viewpoint as possible in the course of coming up with what may be a new title for our profession. Your help in enabling us to get to this point is greatly appreciated.